

TACTICAL FIELD CARE ACTIONS *continued***ADMINISTER ANTIBIOTICS**

- Check for drug allergy(ies) before administration
- Administer CWMP antibiotics (moxifloxacin) to conscious casualty able to swallow for all open combat wounds
- If unable to take oral meds (shock, unconsciousness), give ertapenem IV or IM

**TREAT ADDITIONAL WOUNDS**

- Reassess any and all medical interventions
- Inspect, assess, and treat burns with dry, sterile dressings and hypothermia prevention
- Assess for other wounds and, if indicated, apply dressing(s) for abdominal evisceration(s), dressing(s) to stump(s), dressing(s) to any impaled object(s)

**SPLINT ANY FRACTURES WITHOUT DISRUPTING ANY IMPALED OBJECTS****RESUSCITATION ON THE BATTLEFIELD FOR VICTIMS OF BLAST OR PENETRATING TRAUMA WHO HAVE NO PULSE, NO VENTILATIONS, AND NO OTHER SIGNS OF LIFE WILL NOT BE SUCCESSFUL AND SHOULD NOT BE ATTEMPTED**

- Perform bilateral needle decompression of the chest for a casualty with torso trauma or polytrauma who have no pulse or respirations to ensure the casualty does not have a tension pneumothorax prior to discontinuation of care

**COMMUNICATE**

- Communicate with the casualty, if possible
- Communicate with tactical leadership and report lines 3, 4, and 5 of the MEDEVAC report (if not already done)
- Communicate/transmit the MEDEVAC information with the evacuation system and arrange for Tactical Evacuation Care
- Communicate with other medical providers and relay MIST report